

DO NOT
SEND TO IRS

STATE OF ARIZONA SUBSTITUTE W-9 FORM
REQUEST FOR TAXPAYER IDENTIFICATION AND CERTIFICATION

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*****LEGIBLY PRINT OR TYPE REQUIRED INFORMATION*****

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

If you are a resident alien OR a sole proprietor OR do not have a number, see the instructions on page 2.

Social Security Number (SSN)

2 - - 0

Employer Identification Number (EIN)

1 - 0

OR

Name (if using SSN) or Business Name (if using EIN) - as reported with Social Security Administration or IRS

DBA, Business, Subsidiary, Trade name, Other (circle one)

Remittance Address (If different from main address)

Name

Address

Main Address (where tax information and general correspondence is to be mailed)

City, State, and ZIP code

City, State, and ZIP code

Contact Name

Telephone number

Fax number

() ()

Part II

For Payees Exempt From Backup
Withholding (See instructions on page 2.)

Check the appropriate box:

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(5) Business (check one of the following)

___ (A) Arizona Corp.-including Non-Profit

___ (C) PC, PLLC, or LLC

___ (F) Financial Institution

___ (H) Benefits Provider

___ (M) Medical Corp.

___ (O) Out of State Corp.-including Non-Profit

___ (P) Professional Assoc.

___ (S) Sole Owner (using EIN)

___ (T) Partnership, LLP, or LTD

___ (U) Public Utility Co.

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(6) Individual (check one of the following)

___ (I) U.S. Citizen/Permanent Resident

___ (S) Sole Owner of a Business (using SSN)

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(7) Other (Non-corporate including, but not
limited to conferences, trust funds,
receiverships)

--PLEASE BRIEFLY DESCRIBE

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(8)(B) Board Member

Minority Business Indicator: (check one of the following that best describes your business)

___ 01 - Small Business

___ 02 - Minority Owner Business

___ 03 - Woman Owner Business

___ 05 - Small Business/Minority Owner

___ 06 - Small Business/Woman Owner

___ 07 - Small Business/Disabled Owner

___ 08 - Minority Woman Owner Business

___ 09 - Disabled Minority Owner Business

___ 10 - Disabled Woman Owner Business

___ 11 - Small Business/Minority Woman Owner

___ 12 - Small Business/Disabled Minority Owner

___ 13 - Small Business/Disabled Minority Woman

Owner

___ 00 - None of these apply

Part III Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me). **AND**

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that

I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding **AND**

3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement account (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See instructions on page 2.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Sign Here

Date

RETURN THIS FORM AND REPORT ANY CHANGES IN THE ABOVE INFORMATION TO THE STATE AGENCY THAT YOU DO BUSINESS WITH

FOR STATE AGENCY USE ONLY

DO NOT WRITE BELOW THIS LINE

VENDOR #

MC(s) (main address)

MC(s) (remittance address)

☐ NEW VENDOR

☐ TIN CHANGE

☐ NAME CHANGE

AGY AGENCY CONTACT

AGENCY CONTACT PHONE # ()

EXT.

APPROVED BY (PRINT)

(SIGNATURE)

Date